



Attorney Docket No.: 24-NS-12442

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Daniel Pappone

Group No.: 2123

Serial No.:

10/064,191

Filed:

Examiner: Ayal I. Sharon

June 20, 2002

For:

STRUCTURED APPROACH FOR

RISK-INFORMING DETERMINISTIC

SAFETY ANALYSES

Commissioner for Patents Mail Stop: Amendment P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

- Transmitted herewith is:
 - Amendment Transmittal, which includes Certificate of Express Mail (3 pgs.) (in duplicate)
 - Amendment in Response to Office Action dated November 18, 2005 (14 pgs.)
 - Return Postcard

STATUS

Applicant

claims small entity status. is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER FOR PATENTS

Express Mail No. EV 770038639 US

Date: April 12, 2006

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Commissioner for Patents, Mail Stop:

Amendment, P.O. Box 1450, Alexandria, VA 22313-1450

04/14/2006 SFELEKE1 00000114 012384 10064191

01 FC:1253 450.00 DA Michael Tersillo, Reg. No. 42,180

EXTENSION OF TERM

(a) X Applicant petitions for an extension of time under 37 C.F.R. 1.13 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked by the second month of the total number of months checked by the second month of the total number of months checked by the second month of the total number of months checked by the second month of the total number of months checked by the second month of the second	3.	The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1 apply.												
Extension for response within: First month \$ 120.00 \$ 60.00				(complete (a) or (b), as applicable)										
within: first month first month 120.00 X second month 1,020.00 third month fourth month fifth month fourth month fifth month fifth month fourth month fifth month fourth month fifth month fifth month fourth month fifth month fifth month fourth month fifth month fourth month fifth month fourth month fifth month fourth	(a) X Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below													
X second month \$ 450.00 \$ 225.00						all Small entity Fee (if applicable)								
third month \$1,020.00 \$510.00 fourth month \$1,590.00 \$795.00 fifth month \$2,160.00 \$1,080.00 Fee: \$450 (Check and complete the next item, if applicable) An extension of months has already been secured. The feesthere for is deducted from the total fee due for the total nof extension now requested. Extension fee due with this request \$ OR (b) Applicant believes that no extension of term is required. However, conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension for ext				first month	\$ 120.00	\$ 60.00								
fourth month \$1,590.00 \$ 795.00 fifth month \$2,160.00 \$1,080.00 Fee: \$ 450 f an additional extension of time is required, please consider this a petition therefor (Check and complete the next item, if applicable) An extension of months has already been secured. The feetherefor \$ is deducted from the total fee due for the total mof extension now requested. Extension fee due with this request \$ OR (b) Applicant believes that no extension of term is required. However, conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension for ext				X second month	\$ 450.00	\$ 225.00								
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conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for ex	OR													
		e possibility that												

FEE FOR CLAIMS

4 .]	The fee	for clai	ms (37 (C.F.R. 1.16(b)-(d)) has b	een calculated as s	hown	below:
		ol. 1)	•	(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CL/ REMA AF	AIMS AINING TER DMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL			MINUS		=	x \$25.00 = \$		x \$50.00 = \$
INDEP.			MINUS		=	x \$100.00 = \$		x \$200.00 = \$
_	FIRST	PRESENT	TATION OF	MULTIPLE DEP. (CLAIM	+ \$180.00 = \$		+ \$360.00 = \$
					· · · · · · · · · · · · · · · · · · ·	TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$
	(a)	\boxtimes	No add	itional fee fo	r Claims is	required		
					OR			
	(b)		Total a	dditional fee	for claims	required \$		
				FEI	E PAYME	NT		
5.		Attach	ed is a c	heck in the s	um of \$			
	\boxtimes	_	-	t Account No this transmit		the sum of \$450.00 ed.).	
				FEE	DEFICIE	NCY		
6. If any additional extension and/or fee is required, charge Deposit Account 01-2384.								
					AND/OR			
	\boxtimes	If any 2384.	addition	al fee for cla	ims is requi	ired, charge Deposi	t Acc	ount No. 01-
7.		Other:						
					Reg AR One St. 1	chael Tersillo g. No. 42,180 MSTRONG TEAS e Metropolitan Squa Louis, MO 63102 621-5070		